# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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PATENT			Attorne	y Docket No. INS-3	AUG 2 CH CENTE
IN THE UNI	TED STATE	S PATENT	AND TRADE	MARK OFFICE	2 2 R 16
In re Application of PE	: Alan R.	Hirsch			2 2 2001 TER 1600/2900
Serial No. Aug 2 0 200	09/707,0	655			8
Filing Date	: Novemb	ber 7, 2000		•	
For		Odorants To	•	Blood Flow, and Ar	ticle of
Group Art Unit	: 1651				
Examiner	: C. Tate				
I hereby certify that the date shown be			7 CFR 1.8(a) and 1.10		
deposited with the United S D.C. 20231	ates Postal Service i	Mailing in an envelope ad	dressed to the Assistan	t Commissioner for Patents	, Washington,
37 CFR 1.8(a)			37 CFR 1.1	0	
with sufficient postage as first	class mail	₽	As "Express Mail Post Mailing Label No		
	•	Transmissi	on .		
= transmitted by facsimile to	Fax No	addressed to Ex		the Patent and Trademark Of	fice
5-17-01		/		) 2000000000000000000000000000000000000	40

**Assistant Commissioner for Patents** Washington, D.C. 20231

## **TRANSMITTAL**

1. Transmitted herewith is: Response to Restriction/Preliminary Amendment; Supplemental Information Disclosure Statement; Form 1449; References Return Postcard.

## **STATUS**

2. Applicant is a small entity. USSN 09/707,655 Transmittal

### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### **FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

					Small	Entity	Large	Entity
Claims Remai	ning After	<u> </u>	Highest No.		Present	Additional	Rate	Additional
Amendment			Previously	ĺ	Extra	Fee		Fee
			Paid For		X Rate			
Total	25	Minus	25	=	0 x 9= \$	\$	x 18	\$
Independent	3	Minus	3	=	0 x 39= \$	\$	x 80	\$
FIRST PRESE	ENTATION	OF MUL	TIPLE DEP C	LA	İM			

TOTAL	or	TOTAL	
ADDIT. Fee \$		ADDIT. Fee \$	

- c. [X] No additional fee for claims is required.
- d. [ ] Total additional fee for claims required \$\_\_\_\_\_.

#### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 23-2053. If any additional fee for claims is required, charge Account No. 23-2053.

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